Statewide System of Support Professional Growth Plan

Name:			
School/District:			
Date:			
Step 1 – Needs Assessment and Goal Selection			
Focus Question: What are the improvement needs of your school/district that will direct your professional growth choice?			
Following reflection, prepare a self-analysis of current capacity to impact student learning with input from (select all that apply):			
Professional judgment Field agent/external agent Organizational skills Catalyst for change Ability to work with diverse groups Informed participant and advocate Ability to analyze and interpret data Facilitation skills Presentation skills Ability to link data to effective programs			
Assessment of needs based on your impact on school improvement:			
Area of Focus – From the self-assessment above, identify area of focus relevant to your assignment, that will focus your professional growth activities and increase your capacity to impact school improvement:			
Rationale – What will your school/district be able to do as a result of your professional growth that they are not able to do now?			
Step 2 – New Learning			
Focus Question: What new skills and knowledge (grounded in research) will you need to build your capacity in this area?			
Identify new learning:			

Step 3 – Professional Growth Action Plan			
Focus Question: What specific growth activities will you engage in to obtain the identified new learning?			
Identify professional growth activities			
ruchtiny professional growth activities			
Target Date		Activities	
Step 4 – Evidence Proposed			
Focus Question: What evidence might you gather to demonstrate the impact of your professional			
growth on school improvement as stated in Step 1?			
Anticipated Evidence (data, student work, video, etc.) of impact on school improvement			
(sustainability of processes in place, less teacher attrition, improved attendance – students			
and staff, etc.)			
Meet with your supervisor (and optionally, with representative of your professional learning			
community) and share your plan. Make revisions to your plan based on your discussion.			
Alignment with school/district improvement plan(s)? Yes/No Comments of supervisor:			
Date:		Signature – Supervisor:	
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Date:		Signature – School Coach:	